2007.420,0

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR THE TELECOMMUNICATIONS CARRIERS TYPE: [ ] IXC [ ] CLEC [ ] ILEC [ ] Wireless

		Communication of the communica						
	ational Access Long Dis	tance, Inc.		<u> </u>				
C	ompany Name		. 3	678-436-5590				
	oa/fka	7.		Telephone #:				
_	330 South Lee Street							
	ailing Address:	0.4	00540					
	uford	GA	30518					
	ty, State, Zip Code	1000						
_	000 Town Center, Suite usiness Location	1900						
_	outhfield	MI	48075-1152					
_	ity, State, Zip Code	1411	40070 1102	County				
_	ity, otato, zip oodo			County				
		REGISTERE	D AGENT INFO	RMATION				
		algorithment and the second	Mark Mark Company					
R	egistered Agent:							
M	ailing Address:							
C	ty, State, Zip Code							
su	ant to the Commissi	on's rules and regula	tions, print or t	ype company contact for the following a				
	Belinda	Tibbitts						
	General Manager (Include Address if Different than above)							
	888-627-9399	/ 888-627-1921	/					
	Telephone Number	/ Facsimile Number	/ E-mail Addr	ess				
	Suzanne	Stebbins						
	<b>Customer Relations</b>	/Complaints Represen	tative (Inculde Ad	Idress if Different than above)				
	888-627-9399	/ 888-627-1921	/ info@na-ld.					
	Telephone Number	/ Facsimile Number	/ E-mail Addr	ess				
	Suzanne	Stebbins						
1.	Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different							
	than above)							
	888-627-9399	/ 888-627-1921	/ info@na-ld.					
POPE I	Telephone Number 888-627-9399	/ Facsimile Number	/ E-mail Addr	ess				
2.	Customer Contact (	Toll Free Number)						
	Engineering Operat 888-627-9399	ions (Include Address if / 888-627-1921	f different than about					

/ E-mail Address

/ info@na-ld.com

/ E-mail Address

/ info@na-ld.com

/ E-mail Address

E.

F.

Telephone Number

Telephone Number

Telephone Number

888-627-9399

888-627-9399

/ Facsimile Number

/ Facsimile Number

/ Facsimile Number

Test and Repair (Include Address if different than above)

Emergencies (During Non-Office Hours)

/ 888-627-1921

/ 888-627-1921

JAN 21 2020

MAJLIDMS

## In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.	Regulatory Officer (Included Address if Different Address if different than above)								
	(Mailing Address)			-	•				
	Telephone Number	/ Facsimi	le Number	/ E-mail Add	dress				
	Tiesha	Monroe		Account Manager					
H.	Annual Report Mailings (Name and Title) 4330 South Lee Street		Buford		GA	30518			
	(Mailing Address)								
	678-436-5590 / 678-681-7580		/ tmonroe@	/ tmonroe@rtcteam.net					
	Telephone Number / Facsimile Number		/ E-mail Add	/ E-mail Address					
	Tiesha	Monroe							
l.	Dual Party Mailing (	Name & Title	)				_		
	4330 South Lee Stree		<b>,</b>	Buford		GA	30518		
	(Mailing Address)		-						
بة يبني		7.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	جيد جيد	=====================================	حسونت	<u> جو جي جي ب</u>			
	Telephone Number	/ Facsimi	le Number	/ E-mail Add	dress				
J.	Interim LEC Fund Mailing (Name) 4330 South Lee Street			Buford		GA	Buford		
	(Mailing Address) 678-436-5590 / 678-681-7580			/ tmonroe@rtcteam.net					
	Telephone Number / Facsimile Number		/ E-mail Add						
	Tiesha	Monroe	io mamboi	, 2					
K.	Universal Service Fund Mailings (Name) 4330 South Lee Street		Buford		GA	30518			
	(Mailing Address)								
	678-436-5590 / 678-681-7580		/ tmonroe@rtcteam.net						
	Telephone Number / Facsimile Number		/ E-mail Address		-				
	Tiesha	Monroe				•			
L.	Gross Receipts Mailings (Name) 4330 South Lee Street			Buford		GA	30518		
	(Mailing Address)								
	678-436-5590	, ,			/ tmonroe@rtcteam.net				
	Telephone Number / Facsimile Number		/ E-mail Add	dress					
М.	Lifeline Mailings (N	ama & Titla)							
	Lifeline Mailings (Name & Title) 4330 South Lee Street			Buford		GA	30518		
	(Mailing Address)			Balora		<u> </u>	000.10		
	678-436-5590 / 678-681-7580			/ tmonroe@rtcteam.net					
	Telephone Number		ile Number	/ It-mail Ad		$\tilde{\tilde{\mathbf{x}}}$	<u> </u>		
			<u></u>			//	7		
	Tiesha	Monroe		/	U	ノル			
	This form was completed by			Signature					
	Account Manager			/ 1/10/2020					
	Title		·	Date					
RET			Public Ser	vice Commission of SC		Office of R	tegulatory Staff		
			g Department	<u>And</u>	Attn: Jear	nne Gordon			
	<del>-</del>			e Drawer 11649		1401 Main	Street		
		South Carolina 29211		Columbia.	South Carolina 29201				